page I of 2

To be a sign	232727.89	PCT/DE2003/00304	9	ATTORNEYS!	PCT
21. The follow	ving fees are submitt	CALCULATIONS	PTO USE UNLY		
	L FEE (37 CFR 1.49	CIECCEATION	110 CSE ONLY		
nor international	oal preliminary exam earch fee (37 CFR 1.				
and International S	Search Report not pre	epared by the EPO or JPO.	With Int. Search Report \$100.00		i
National Phase Examination fee	filing fee (\$30 e (\$200)		i		
International prelim but international se	ninary examination f arch fee (37 CFR 1.4				
International preliminary examination fee (37 CFR 1.482) paid to USPTO but all claims did not satisfy provisions of PCT Article 33(1)-(4)					
International preliminary examination fee (37 CFR 1.482) paid to USPTO					
and all claims satis	fied provisions of PC				
ENTE	R APPROPRIA	<b>£</b> 900.00			
		Φ			
Surcharge of \$130.00 for furnishing the oath or declaration later than 20 30 months from the earliest claimed priority date (37 CFR 1.492(e)).				<b>s</b> 0	
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE	\$	
Total claims	6 - 20 =		x \$18.00	\$ 0	<del></del>
Independent claims	1 -3 =	0		<u>s</u> 0	<del></del>
			x \$84.00		<b></b>
MULTIPLE DEPENDENT CLAIM(S) (if applicable) + \$280.00				<del>-</del>	
TOTAL OF ABOVE CALCULATIONS =				\$ 900.00	
Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.				\$ 0	
SUBTOTAL =				\$ 900.00	
Processing fee of \$130.00 for furnishing the English translation later than 20 30 months from the earliest claimed priority date (37 CFR 1.492(f)).				<b>s</b> 0	
TOTAL NATIONAL FEE =				<b>\$</b> 900.00	
Fay for recording the analogad anti-				<b>\$</b> 0	
TOTAL FEES ENCLOSED =				\$900.00	<del>                                     </del>
		•		Amount to be refunded:	s
			•		\$ .
		<u> </u>		charged:	
a. A check in the amount of \$ to cover the above fees is enclosed.  b. Please charge my Deposit Account No in the amount of \$ to cover the above fees.  A duplicate copy of this sheet is enclosed.  any deficiency in or  c. X The Commissioner is hereby authorized to charge/any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0507. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
d. X Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
NOTE: Where an 1.137 (a) or (b)) mu	appropriate time lisust be filed and gra	nit under 37 CFR 1.494 or 1 nted to restore the application	1.495 has not been me on to pending status.	et, a petition to rev	ive (37 CFR
The Power of	Attorno	the Commence		2000	1-11-11
The Power of Attorney and the Correspondence Address for this Application are to					
CUSTOMER NO.	· vaices rate whbiticat	E			
COSTONER NO.	: UZ1333.	- F F	03/1//05		
NAME				r F. Fasse -	03/14/03
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FORM PTD-1390 (REV 12-2001)	page 2 of 2	HSPS EVENTOR			

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